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AUTHOR Hecox, Jennifer L.; Diamond, Kandi L.; Fisher, Lori J.; Lichtenberg, James W.

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ABSTRACT

The emergence of managed care has placed many new demands on practicing psychologists. To ensure that graduate students are gaining the skills necessary to function effectively in the current healthcare environment, training programs may need to modify their curricula. Recently, the American Psychological Association assembled a task force to outline managed care-related educational guidelines for graduate programs. This investigation explores Training Directors' (TDs) views on the importance of specific task force guidelines and relative coverage of the skills in their doctoral training programs. Results indicate that TDs rate the perceived importance of the task force recommended skills as greater than the extent to which these skills are currently being covered in training programs. Additionally, the study examines how this relationship is mediated by faculty attributes, student career objectives, and program characteristics. Although there are some correlations between demographic factors and the coverage and/or importance of the task force skills, none of them seemed to consistently predict the coverage and/or importance of the skills. Suggestions are made for integrating managed care-related skills into training programs. (Contains 13 references.) (Author)

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Running head: GRADUATE TRAINING IN THE ERA OF MANAGED CARE

Graduate Training in Clinical and Counseling Psychology in the Era of Managed Care

Jennifer L. Hecox, Kandi L. Diamond, Lori J. Fisher, and James W. Lichtenberg

The University of Kansas

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Abstract

The emergence of managed care has placed many new demands on practicing psychologists. To ensure that graduate students are gaining the skills necessary to function effectively in the current healthcare environment, training programs may need to modify their curricula. Recently, the APA assembled a task force to outline managed care-related educational guidelines for graduate programs. This investigation explores Training Directors' (TDs) views on the importance of specific task force guidelines and relative coverage of the skills in their doctoral training programs. Results indicate that TDs rate the perceived importance of the task force recommended skills as greater than the extent to which these skills are currently being covered in training programs. Additionally, the study examines how this relationship is mediated by faculty attributes, student career objectives, and program characteristics. Although there are some correlations between demographic factors and the coverage and/or importance of the task force skills, none of them seemed to consistently predict the coverage and/or importance of the skills. Suggestions are made for integrating managed care-related skills into training programs.

Graduate Training in the Era of Managed Care

The emergence of alternative models of health care in recent years has affected the delivery of health services and has placed many new demands on practicing psychologists. Psychologists have been forced to contend with a host of new ethical, business and practice dilemmas that affect the way they work. The public, in general, has been concerned about health care issues that have come about because of the changing health care delivery system. A 1996 survey of 1,000 Americans revealed a great deal of concern about changes in the health care delivery system and the spiraling growth of managed care. Eighty-one percent of the respondents were either concerned or very concerned about the impact of the shift toward managed care arrangements. Because two-thirds of Americans with health insurance (140 million people) are covered by managed health care plans (Bodman, 1997), it is evident that future professional psychologists are going to graduate into a mental health care market that is dominated by some type of managed care system. To insure that graduate students are gaining the skills necessary to function effectively in today's health care environment, training programs need to continue modifying their curricula to cover these health care system related issues.

Three recent studies reveal psychologists' negative reactions to managed care issues. In one investigation, New Jersey psychologists ranked concerns they encounter in their work with managed care companies (Rothbaum, Bernstein, Haller, Phelps, & Kohout, 1998). Psychologists reported that managed care pushed them into ethical dilemmas and negatively affected income. In another study, Murphy, DeBernardo, and Shoemaker (1998) surveyed Division 42 Independent Practice members to assess psychologists' perceptions of the effects of managed care on practice and ethics. Psychologists reported that managed care left them with reduced income and pushed them into ethical dilemmas by controlling aspects of patient care, such as the

type and duration of treatment and requiring them to report confidential patient information. A third recent survey polled a large-scale, national sample of practicing psychologists to discover practice patterns and what concerns psychologists have about the profession (Phelps, Eisman, & Kohout, 1998). This study revealed that ethical, business and practice issues related to managed care were a significant concern to practitioners. Four out of five psychologists reported a negative impact of managed care on their practices. The most frequently cited concern was "managed care is changing clinical practice," which ranged from a low of 43% for those primarily in an academic setting to a high of 68% of independent practitioners. Also, the item "ethical dilemmas created by managed care" was a significant concern. In fact, the top six concerns were all managed care issues.

Current research also has found that new graduates feel inadequately prepared in handling a number of situations brought on by managed care (Wicherski & Kohout, 1997). The survey asked new graduates what training they wished they had that they did not receive in their graduate education. The survey found that new graduates felt they needed additional training to equip them for managed care. In particular, they wanted training in business concepts, short-term intervention, marketing and selling oneself, working in multidisciplinary teams, understanding medical culture and primary care providers, and resolving ethical issues. Charous and Carter (1996) suggest that pre-doctoral internships inadequately train students for the practice of psychology in the era of managed mental health care. Austad, Sherman, Morgan, and Holstein (1992) found that 75% of the psychologists responding in their study stated that graduate school training inadequately prepared them for work in a managed care setting. Of the group, 63% initially had little or no knowledge of managed care. In addition, Brokowski (1995) found that graduate school faculty have little experience with current health care systems. A number of

studies report that graduate schools provide inadequate training for the business and administrative aspects of managed care work (Austad, Sherman, and Holstein, 1993; Shueman, Troy, and Mayhugh, 1994). While graduate ethics classes may emphasize the importance of patient confidentiality, students may not be prepared for the intrusions into the therapist-patient relationship by managed care reviewers. Students eventually working as psychologists may be unprepared for how to resolve ethical dilemmas such as how to continue patient care when insurance caps are reached. Although we, both public and professionals, may not agree with or endorse the changes that have taken place as a result of managed care, it is important that psychologists and educators understand these changes. The training of psychologists needs to be relevant to the current marketplace.

Recognition of the problems encountered by psychologists due to these skill deficiencies led APA to organize a task force to outline managed care-related educational guidelines for graduate programs. Over the last few years, the APA task force training recommendations have been disseminated to graduate programs, and research has been conducted to determine if changes are occurring in the curricula. A questionnaire (Carleton, 1998) was disseminated to chairpersons of all APA accredited clinical, counseling, and school psychology programs to examine how graduate psychology programs are modifying their curricula to prepare students to practice psychotherapy in the age of managed health care. The study found that already 52% of participating counseling programs, and 39% of participating clinical programs, have made some curricular changes in response to managed care. While this might easily be interpreted as promising signs that programs are quickly moving closer to comprehensively teaching managed care-related skills, this may not be the case. Only 22% of the program directors that responded in Carlson's study indicated that additional change to the curricula "will definitely be made" over

the next several years. This would indicate that the gap between what practicing psychologists are saying they need to learn, and what is being taught in graduate programs may not be narrowing anytime soon.

The APA task force summarized their work in a report (Spruill, Kohout, & Gehlmann, 1997) which outlines recommendations for changes in the education and training of psychologists for the delivery of services in the changing health care delivery systems. The working assumption of the task force was that all professional psychologists need to be knowledgeable about current and anticipated health care delivery systems in order to build successful careers and make informed decisions. The report addressed specific training needs for professional psychologists in order to be better prepared to work with managed care realities. Categories of skills included: ethical issues, clinical skills, research skills, management and business skills, and technology skills.

Upon examination of these categories, the investigators of this study combined the skills to fit into the following three categories: practice skills, ethical issues and skills, and business skills. Fourteen skills representing these three categories ("practice," "business," and "ethics") of graduate training were included in developing the survey used in this research.

This study explored some of the variables which may be serving to perpetuate the discrepancy between the skills needed to survive in the managed care environment and what is being taught in graduate programs. Specifically, this investigation looked at the relationship between training directors' (TDs) views on the importance of a number of the specific APA task force guidelines and the coverage of those skills in their doctoral training programs. Additionally, the study examined how this relationship is mediated by faculty attributes, student career objectives, and program characteristics.

Method

In October 1998, 234 Training Directors at APA accredited counseling and clinical psychology training programs in the United States were mailed a packet consisting of a cover letter describing the study, a three-page survey, and a self-addressed, stamped envelope, in which to return the completed survey. The survey consisted of a demographics questionnaire, and a two-page questionnaire. Using a 5-point Likert scale (1= Not at all important, 5=Very important), TDs were asked on page one of the questionnaire to rate the extent to which they viewed each of 14 managed care-related skills from the task force report as important for their students to be exposed to in graduate school. The second page of the questionnaire also used a 5-point Likert scale (1 = Not covered, 5 = Extensively covered) in which TDs were asked to rate the degree to which each skill is covered in their program. No follow-up mailings or contacts were conducted. From this mailing, 90 TDs returned the questionnaires, for a response rate of 38%. In terms of demographics for the TDs who returned the questionnaires, 61 (67.8%) were from clinical psychology programs and 29 (32.2%) were from counseling psychology programs. Four of the questionnaires contained incomplete data and thus, could not be used for all analyses.

Results

Each of the 14 task force identified skills listed on the questionnaire was evaluated individually and as part of one of three groups based on whether it related to clinical practice, business, or ethics. We begin by discussing the descriptive statistics on how participants rated items in terms of importance and the extent of coverage in their programs. We then explore the statistical significance of our findings.

Perceived Importance of Skills

Almost all the TDs viewed at least some of the task force recommended skills as

important. Over 90% of the training directors rated 6 out of the 14 skills to be at least moderately important and over 75% of TDs rated 9 of the 14 skills at least moderately important. Of the skills that the greatest percent of TDs rated as at least moderately important, four were clinical practice skills, one was a business skill and one was an ethics item. Seventy-five percent of TDs rated all clinical practice items as at least moderately important and 90% rated four of the five clinical practice skills (communicating with multiple service teams to coordinate client services, incorporating psychoeducational models of intervention and self-help materials into therapy, employing short term interventions, and utilizing empirically based clinical guidelines) as at least moderately important. One hundred percent of TDs felt that the ability to employ short-term interventions is as at least moderately important. One business skill, conducting quality control of services, was rated as at least moderately important by 95% of the TDs. One ethics skill, balancing competing demands or conflicting loyalties while providing ethically appropriate services to the client, society, and organization, was rated as at least moderately important by 94% of the TDs. Two more ethics skills were rated as at least moderately important by 83% of TDs: balancing client confidentiality with release of information needed for managed care organization reviewers or other persons, and handling ethical issues related to diagnosis such as making changes in diagnoses to meet reimbursement needs, or terminating clients once maximum benefits have been received.

A sizable number (72%) of the TDs rated one or more of the skills as not at all or only minimally important. Nearly one-fourth of the TDs rated four of the five business skills as "Not at all important." These skills included: starting a clinical or consulting practice, becoming a provider with managed care organizations, negotiating with managed care organizations for needed treatment, as well as marketing oneself to managed care organizations and the public. In

contrast, less than 7 % of the TDs rated any of the practice skills as "not at all important" and three of the five practice skills were not rated by any TDs as unimportant. Also, only a very low percentage (14% or less) of TDs rated any of the ethics skills to be "not at all important."

Table 1 illustrates the skills/issues included in each category along with the percentage of TDs rating items at each level of importance. The table was created using the following criteria to classify the Likert scale ratings: 1 = "not at all important"; responses 1 through 2 = "slightly important'; 2.5 through 4.5 = "moderately important' and 5 = "very important."

Insert Table 1 here

Table 2 lists each skill in order of perceived importance with those viewed as most important listed at the top. Practice skills were rated as most important ($\underline{M}$ = 3.86, $\underline{SD}$ = .46) followed by skills relating to ethics ($\underline{M}$ = 3.61, SD = .91) and then business ($\underline{M}$ = 2.77, SD = .81).

Insert table 2 here

Level of Coverage

As many as 9 of the 14 skills were covered at least moderately by about 75% of the programs, and half of the skills were covered extensively by at least 20% of the programs. These include all the practice skills and three of the four ethics items, but only one of the five business skills (conducting quality control of services). Four of the 14 skills were at least moderately covered by close to 90% of the programs. Two of these were the practice skills of employing

short-term interventions and utilizing empirically based clinical guidelines. The remaining two items were from the business and ethics categories including conducting quality control of services, and balancing competing demands or conflicting loyalties while providing ethically appropriate services to the client, society and organization.

While many of the skills were moderately covered by a large percentage of the programs, none of the skills were covered extensively by more than 48 % of programs. In fact, most of the skills (12) were covered extensively by 22% or less of the programs. Three skills were not covered extensively by any of the programs. All three of these were business skills.

A number of the skills were covered only minimally or not at all by a large percentage of programs. For 5 of the 14 skills, over 61% of the TDs felt the skill was not covered or only minimally covered in their program. All five of these skills were in the business and ethical issues categories. These include securing transmission of confidential information by technology, starting a practice, becoming a provider with managed care organizations, negotiating with managed care organizations for needed treatment as well as marketing oneself to managed care organizations and the public.

Table 3 shows the percentage of TDs rating items at each level of coverage. The table was created using the following criteria to classify the Likert scale coverage ratings" 1 = " no coverage"; 1.5 through 2 = minimal coverage"; 2.5 through 4.5 = "moderate coverage" and 5 = "extensive coverage."

Insert Table 3 here

Table 4 lists each skill in order of coverage level with those viewed as most covered

listed at the top. Level of coverage followed the same pattern as importance with coverage being most extensive for practice skills (M = 3.60, SD = .62) followed by ethics (M = 3.06, SD = .86) and then business skills (M = 2.34, SD = .70).

Insert Table 4 here

Perceived Importance Compared to Level of Coverage

A paired-samples t test was conducted to evaluate whether the importance of the various skills was the same or different from the extent to which these skills are covered in graduate training programs. We expected that TDs would rate the importance of skills significantly higher than the extent to which those skills are currently being covered in their respective training programs. The results indicated that the mean for importance of practice skills (M = 3.86, SD = .46) was significantly greater than the mean for coverage of practice skills (M = 3.60; SD = .62), t (85) = -4.67, p = .000. The mean for the importance of skills relating to ethics (M = 3.61; SD = .91) was significantly greater than the mean for the coverage of the skills related to ethics (M = 3.10; SD = .86), t (29) = -6.35, p = .000. The mean for the importance of skills relating to business aspects of practice (M = 2.77; SD = .81) was significantly greater than the mean for the coverage of business skills (M = 2.34; SD = .70), t (85) = -5.97, p = .000. Inspection of group means revealed a significant discrepancy between rated importance for each skill area and the extent of coverage in programs. As was expected, importance was consistently rated higher than level of coverage.

Variables Mediating Importance/Coverage Relationship

Two one-way multivariate analyses of variances (MANOVA) were conducted to determine the effect of the type of program (clinical vs. counseling) on the dependent variables, amount of coverage and importance of the three categories of graduate training (practice, ethics, and business). Significant differences were found between the two types of programs on the dependent measure of coverage of the three categories of graduate training, F (3,83) = 4.49, p < .006. The multivariate η^2 based on Wilks' λ was .14. Table 5 contains the means and the standard deviations on the dependent variable of coverage of the three categories of graduate training for the two groups. Analyses of variance (ANOVA) on the dependent variables were conducted as follow up tests to the MANOVA. The ANOVA on the coverage of practice skills was significant, F (1, 85) = 8.09, p = .006, η^2 = .09, while the ANOVA on the ethics, F (1,85) = .456, p <. 502, η^2 = .01, and business, F (1,85) = .287, p < .593, η^2 = .01, skills were non-significant.

Significant differences were also found between the two types of programs on the dependent measure of importance of the three categories of graduate training, F (3,85) = 4.05, p < .010. The multivariate η^2 based on Wilks' λ was .13. Table 6 contains the means and the standard deviations on the dependent variable of importance of the three categories of graduate training for the two groups. Analyses of variance (ANOVA) on the dependent variables were conducted as follow-up tests to the MANOVA. The ANOVA on the importance of business skills was significant, F (1,87) = 4.56, p<. 036, η^2 = .05, while the ANOVA on the ethics, F (1,87) = .1.82, p <. 181, η^2 = .02, and practice, F (1,87) = .1.60, p < .209, η^2 = .02 skills, were non-significant.

Insert Table 5 here

Insert Table 6 here

Between variable correlations are summarized in Table 7. Two step-wise multiple regression analyses were conducted to predict the focus of the training program. TDs were asked to indicate the focus/emphasis of their training programs using a 5-point Likert scale (1 = Research Focus, 5 = Practitioner Focus). One analysis included the coverage of the three categories of skills, while the second analysis included the importance of the three categories of skills. For the first analysis, coverage of business skills was significant added at the first step, with a multiple R of .24. After that, there were no further variables regarding coverage that accounted for a statistically significant amount of unique variance in the focus of the training program. The total amount of variance accounted for in this full model was 5.8 %, p, < .02. For the second analysis, importance of business skills added at the first step, with multiple R of .34. After that, there were no further variables regarding importance that accounted for a statistically significant amount of unique variance in focus of the training program. The total amount of variance accounted for in this full model was 11.5%, p = .000. Given these results, it appears that TDs with a program that has a stronger practitioner focus rate the importance and coverage of business skills higher than TDs with a program that has more of a research focus.

Insert Table 7 here

Two multiple regression analyses were conducted to predict the professional interests of graduating students. TDs were asked to indicate where students who graduate from the training programs tend to gravitate towards in terms of professional interests using a 5-point Likert scale (1 = Research Focus, 5 = Practitioner Focus). One analysis included the coverage of the three categories of skills, while the second analysis included the importance of the three categories of skills. For the first analysis, none of the coverage variables were included in the first step, indicating that none of those variables account for a significant variance of professional interest of students. The total amount of variance accounted for in this full model was 7.3 %, $p, < .09$ for the second analysis, importance of business skills was added at the first step, with a multiple R of .40. After that, there were no further variables regarding importance that accounted for a statistically significant amount of unique variance in student professional interests graduating from the training program. The total amount of variance accounted for in this full model was 16.0 %, $p = .000$. Given these results, it appears that the coverage of skills can not be predicted based on the professional interests of students. However, it appears that TDs of programs with students who have stronger practitioner interests rate the importance of business skills higher than TDs of programs with students who have stronger research interests.

Two multiple regression analyses were conducted to predict the proportion of faculty currently in practice. TDs were asked to report the number of full-time faculty who teach in the department and the number of full-time faculty in the department who are currently in practice. This information was used to compute the proportion of full-time faculty who are currently in practice for each training program. One analysis included the coverage of the three categories of skills, while the second analysis included the importance of the three categories of skills. For the first analysis, coverage of ethics skills was added at the first step with multiple R of .28. After

that, there were no further variables regarding coverage that accounted for a statistically significant amount of unique variance in the proportion of faculty in practice. The total amount of variance accounted for in this full model was 7.6 %, $p < .01$. For the second analysis, importance of business skills was added at the first step, with a multiple R of .30. After that, there were no further variables regarding importance that accounted for a statistically significant amount of unique variance in focus of the training program. The total amount of variance accounted for in this model was 8.9 %, $p < .01$. Given these results, it appears that TDs with a training program that has a higher proportion of faculty in practice rate the coverage and importance of business skills higher than those with training programs that have a lower proportion of faculty in practice.

Discussion

These results suggest that there is a discrepancy between what TDs of graduate psychology programs feel are important skills for students to obtain and the extent to which those skills are currently being covered in training programs. These investigators recognize and understand the difficulty all training programs have in responding to the desire for students to shorten already lengthy degree programs and the need to cover a vast body of information. However, it appears that training programs may be lagging behind the demands of the managed care mental health care reality or at least dragging with respect to implementing the task force recommendations into training programs. While it may be difficult for training programs to go through the tedious process of reevaluating their current course offerings, it appears that the time has arrived for that process to be underway. In order for the field of professional psychology to continue to grow and adapt to the changing environment in which we live, students must receive the practical training that will provide them with those skills.

In addition, there seems to be a lack of clear training program demographics that can consistently predict both the coverage and importance of these three categories (business, ethics, and practice) of training skills. In general, it appears that the importance and coverage of business skills are rated higher for the various aspects of training programs (i.e., the focus of the program, the professional interests of the students, and the proportion of faculty currently in practice). This may indicate that TDs are recognizing the importance of business skills as well and these skills are being covered more extensively in training programs.

The current study has several limitations. First, caution should be used in generalizing the study's findings to other training sites because of the following limitations. Some TDs chose not to respond to the survey. The possibility of response bias exists in that the TDs that responded to the survey may have had a particular interest in this topic. In addition, only TDs were asked to complete the survey. Their answers may not reflect the perceptions of other colleagues in their training program. Despite these limitations, the study provides important information about how TDs view the impact of managed care issues on their training program.

We propose that it may not be necessary for training programs to completely re-vamp their current programs, but rather, they could begin to integrate these managed care-related skills into current course offerings. For example, current ethics courses could integrate these evolving issues related to new technology and paperwork procedures into the basic information regarding ethical practice. In this way, students will have their need to be better prepared for working in today's health care environment addressed, while faculty will not have to face the dilemma of choosing between standard course offerings and courses that focus on skills related to demands of the managed care work environment.

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Table 1

Percentage of TDs Rating Items at each Level of Importance.

	Not at all important	Slightly Important	Moderately Important	Very Important
Practice Skills/Issues				
1. Communicating with multiple service teams (i.e., physician, social workers, group leaders) to coordinate client services	0%	5%	70%	25%
2. Incorporating psychoeducational models of intervention and self-help materials into therapy	0%	8%	77%	15%
3. Employing short-term interventions for individual and group therapeutic needs	0%	0%	41%	59%
4. Utilizing empirically based clinical guidelines and/or treatment manuals	2%	6%	39%	53%
5. Forming a diagnosis following the first session.	6%	20%	63%	11%
Business Skills/Issues				
1. Marketing psychology and selves to managed care companies and the public	22%	29%	46%	3%
2. Becoming a provider with a managed care organization.	25%	29%	43%	3%
3. Starting a clinical or consulting practice (i.e., types of business arrangements, networking, etc.)	24%	36%	38%	2%
4. Conducting quality control of their services (measure efficiency of treatment with clients).	3%	1%	62%	33%
5. Negotiating with managed care organizations for needed treatment.	21%	23%	52%	5%
Ethics Skills/Issues				
1. Securing transmission of confidential information by technology such as computer, fax, cellular phones.	14%	26%	48%	11%
2. Balancing competing demands or conflicting loyalties while providing ethically appropriate services to the client, society, and organization.	3%	2%	55%	39%
3. Balancing client confidentiality with the release of information needed for managed care organizations' reviewers or other persons and the ethical issues related to providing that information to clients.	5%	13%	52%	31%
4. Handling ethical issues related to diagnosis such as making changes in diagnoses to meet reimbursement needs, or terminating clients once maximum insurance benefits have been received.	7%	10%	47%	36%

Table 2

Perceived Importance of Ethical, Business, and Practice Skills

Order of Perceived Importance	M	SD
1. Employing short-term interventions for individual and group therapeutic needs.	4.52	.62
2. Utilizing empirically based clinical guidelines and/or treatment manuals.	4.20	1.04
3. Balancing competing demands or conflicting loyalties while providing ethically appropriate services to the client, society, and organization.	4.12	0.95
4. Conducting quality control of their services (measure efficiency of treatment with clients).	4.03	.93
5. Communicating with multiple service teams (i.e., physician, social workers, group leaders)to coordinate client services.	3.85	.86
6. Handling ethical issues related to diagnosis such as making changes in diagnoses to meet reimbursement needs, or terminating clients once maximum insurance benefits have been received.	3.74	1.23
7. Balancing client confidentiality with the release of information needed for managed care organizations' reviewers or other persons and the ethical issues related to providing that information to clients.	3.72	1.16
8. Incorporating psychoeducational models of intervention and self-help materials into therapy.	3.63	.84
9. Forming a diagnosis following the first session.	3.10	1.07
10. Securing transmission of confidential information by technology such as computer, fax, cellular phones.	2.80	1.17
11. Negotiating with managed care organizations for needed treatment.	2.60	1.10
12. Marketing psychology and selves to managed care companies and the public.	2.48	1.10
13. Becoming a provider with a managed care organization.	2.34	1.06
14. Starting a clinical or consulting practice (i.e., types of business arrangements, networking, etc.)	2.34	1.06

Table 3
Percentages of TDs Rating Items at Level of Coverage

	No Coverage	Minimal Coverage	Moderate Coverage	Extensive Coverage
Practice Skills/Issues				
1. Communicating with multiple service teams (i.e., physician, social workers, group leaders) to coordinate client services	7%	21%	59%	14%
2. Incorporating psychoeducational models of intervention and self-help materials into therapy	3%	13%	63%	21%
3. Employing short-term interventions for individual and group therapeutic needs	0%	1%	51%	48%
4. Utilizing empirically based clinical guidelines and/or treatment manuals	2%	8%	46%	44%
5. Forming a diagnosis following the first session.	6%	15%	62%	17%
Business Skills/Issues				
1. Marketing psychology and selves to managed care companies and the public	32%	40%	25%	2%
2. Becoming a provider with a managed care organization.	26%	46%	28%	0%
3. Starting a clinical or consulting practice (i.e., types of business arrangements, networking, etc.)	33%	37%	30%	0%
4. Conducting quality control of their services (measure efficiency of treatment with clients).	0%	10%	68%	22%
5. Negotiating with managed care organizations for needed treatment.	34%	37%	29%	0%
Ethics Skills/Issues				
1. Securing transmission of confidential information by technology such as computer, fax, cellular phones.	30%	31%	34%	5%
2. Balancing competing demands or conflicting loyalties while providing ethically appropriate services to the client, society, and organization.	1%	9%	69%	21%
3. Balancing client confidentiality with the release of information needed for managed care organizations' reviewers or other persons and the ethical issues related to providing that information to clients.	5%	15%	60%	21%
4. Handling ethical issues related to diagnosis such as making changes in diagnoses to meet reimbursement needs, or terminating clients once maximum insurance benefits have been received.	7%	17%	55%	21%

Table 4
Coverage of Ethical, Business, and Practice Skills

Level of Coverage	M	SD
1. Employing short-term interventions for individual and group therapeutic needs.	4.26	0.83
2. Utilizing empirically based clinical guidelines and/or treatment manuals.	3.97	1.11
3. Conducting quality control of their services (measure efficiency of treatment with clients).	3.59	0.95
4. Balancing competing demands or conflicting loyalties while providing ethically appropriate services to the client, society, and organization.	3.49	0.96
5. Incorporating psychoeducational models of intervention and self-help materials into therapy.	3.41	1.06
6. Balancing client confidentiality with the release of information needed for managed care organizations' reviewers or other persons and the ethical issues related to providing that information to clients.	3.30	1.11
7. Forming a diagnosis following the first session.	3.30	1.11
8. Handling ethical issues related to diagnosis such as making changes in diagnoses to meet reimbursement needs, or terminating clients once maximum insurance benefits have been received.	3.24	1.18
9. Communicating with multiple service teams (i.e., physicians, social workers, group leaders) to coordinate client services.	3.08	1.09
10. Negotiating with managed care organizations for needed treatment.		
11. Securing transmission of confidential information by technology such as computer, fax, cellular telephones.	2.21	1.06
12. Becoming a provider with a managed care organization.	2.08	0.87
13. Marketing psychology and selves to managed care companies and the public.	2.06	1.00
14. Starting a clinical or consulting practice (i.e., types of business arrangements, networking, etc.)	2.01	0.88

Table 5
Coverage of Categories of Graduate Training

	Clinical TDs		Counseling TDs	
	M	SD	M	SD
Practice	3.73	.58	3.35	.62
Ethics	3.02	.82	3.15	.93
Business	2.32	.73	2.40	.66

Table 6
Importance of Categories of Graduate Training

	Clinical TDs		Counseling TDs	
	M	SD	M	SD
Practice	3.91	.42	3.78	.51
Ethics	3.51	.97	3.79	.78
Business	2.63	.81	3.02	.77

Table 7

Between-variable correlations; descriptive statistics.

Variables		1	2	3	4	5	6	7	8
1	Focus of program								
2	Interests of students	**.75**							
3	Proportion of faculty in practice	**.43**	**.28**						
4	Importance of business skills	**.34**	**.40**	**.30**					
5	Importance of ethics skills	**.30**	**.27**	**.29**	**.56**				
6	Importance of practice skills	.08	.03	**.24**	**.43**	**.46**			
7	Coverage of business skills	**.24**	.20	**.23**	**.61**	**.45**	**.27**		
8	Coverage of ethics skills	.18	.12	**.28**	**.36**	**.59**	**.24**	**.52**	
9	Coverage of practice skills	.08	-.08	.21	.21	.15	**.56**	**.41**	**.37**

Note. Bold print indicates correlations significant at .05 level, two-tailed